Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mikie Sherrill for Congress PO Box 43032 ADDRESS (number and street) (Check if address is changed) Montclair 07043 NJ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS smele@mbacg.com (Check if address is changed) Optional Second E-Mail Address Idecot@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://mikiesherrill.com/ (Check if address is changed) DATE 2022 C00640003 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mele, Steven, , , Type or Print Name of Treasurer Mele, Steven, , , [Electronically Filed] Date 2022 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the car information below.)	ndidate
	Name of Candidate Sherrill, Mikie, , ,	
	Party Affiliation DEM Sought: House Senate President	State NJ District 11
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ganization is a:
	Corporation Corporation w/o Capital Stock Labor Organi	ization
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fun committee. (i.e., nonconnected committee)	id or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo- committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1 (Revised	02/2009)		Page 3
٧	Vrite or Type Committee Nam			
_	Mikie Sherrill f			
6.		Organization, Affiliated Committee, Joint Fundraising R	epresentative, or Lead	ership PAC Sponsor
	Service First Wome	ens victory Fund		
		ıPO Box 9		
	Mailing Address	10000		
		Lexington	KY 4058	88
		CITY A	STATE ▲	ZIP CODE ▲
	Relationship: Connecte	d Organization Affiliated Organization 🗶 Joint Fundra	uising Representative	Leadership PAC Sponso
_				
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and positi	on of the person in posse	ession of committee
	Mele, Ste	ven, , ,		
	Full Name			
	Mailing Address	611 Pennsylvania Ave. SE		
		#143		
		Washington	DC 2000	3 1
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Treasurer		1	
		Telephone	number	
	Treasurer: List the name a	nd address (phone number optional) of the treasurer of	the committee: and the	name and address of
	any designated agent (e.g.,		,	
	Full Name Mele, Ste	ven, , ,		
	of Treasurer			
	Mailing Address	611 Pennsylvania Ave. SE		
		#143 		
		Washington	DC 2000	03
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	5 –		3352 —
	Treasurer	Telephone	number	I , , I-I , , ,
		i elephone		

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Lee, Lauren, Decot, ,	
Mailing Address	611 Pennsylvania Ave. SE	
	_#143 _	
	Washington DC 200	03
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
Assistant Treasur		
	Depositories: List all banks or other depositories in which the committee deposits funds, haves or maintains funds.	olds accounts, rents
Name of Bank, D	epository, etc.	
	Amalgamated Bank	1
Mailing Address	1825 K Street NW	
	Washington DC 2000	06
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	l Organization, Affiliated Committee, Joint F	undraising Representativ	ve, or Leadership PAC Spons
New Jersey Dem	ocratic State Committee		
Mailing Address	196 West State Street		
	Trenton	NJ NJ	08608
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Designated Agent: Identi	fy by name, address (phone number – optiona	ul)	
Designated Agent: Identi	fy by name, address (phone number – optiona	ul)	
	fy by name, address (phone number – optiona	N)	
Full Name	fy by name, address (phone number – optiona	NI)	
Full Name	fy by name, address (phone number – optiona	N)	
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address	CITY A		ZIP CODE A
Full Name Mailing Address	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A ories: List all banks or other depositories in w	STATE ▲ Telephone Number	
Full Name Mailing Address TITLE OR POSITION June 1997 Banks or Other Deposit safety deposit boxes or many part of the posit boxes of the posit boxes or ma	CITY A ories: List all banks or other depositories in w	STATE ▲ Telephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ pries: List all banks or other depositories in watering funds.	STATE ▲ Telephone Number	its funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit bafety deposit boxes or management of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in watering funds.	STATE A Telephone Number	its funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit bafety deposit boxes or management of Bank, Depository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in watering funds.	STATE Telephone Number hich the committee depos	its funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit bafety deposit boxes or management of Bank, Depository, etc.	CITY A cries: List all banks or other depositories in watering funds.	STATE Telephone Number hich the committee depos	its funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisir			l r	EC ID number	C
1.					
2.				EC ID number	
3.			F	EC ID number	С
4			F	FEC ID number	C
		ffiliated Committee, Jo	oint Fundraisir	ng Representati	ve, or Leadership PAC Spor
MEECA Victory F	und				
Mailing Address	910 17th St N	W			
	Ste 925				
	Washington			DC	20006
Relationship:		CITY A		STATE 4	▲ ZIP CODE ▲
Connecte	d Organization	Affiliated Committee	X Joint Fun	draising Represer	ntative Leadership PAC S
				draising Represer	ntative Leadership PAC S
				draising Represei	ntative Leadership PAC S
esignated Agent: Identif				draising Represer	Leadership PAC S
esignated Agent: Identif				draising Represe	Leadership PAC S
esignated Agent: Identif	y by name, addre		ptional)		Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, addre	ess (phone number – o	ptional)		
esignated Agent: Identif	y by name, addre	ess (phone number – o	ptional)		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, addre	ess (phone number – o	ptional) Teleph	STATE A	
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, addre	ess (phone number – o	ptional) Teleph	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank,	y by name, addre	ess (phone number – o	ptional) Teleph	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank,	y by name, addre	ess (phone number – o	ptional) Teleph	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mailing ame of Bank, epository, etc.	y by name, addre	ess (phone number – o	ptional) Teleph	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(q)	or(h). Joint Fundraisin	ng Participant:				
(0)	1.		FEC ID	number	C	
	2.		 FEC ID	number	C	
	3.		 FEC ID	number	C	
	4.		 FEC ID	number	С	П
6.	Name of Any Connected	Organization, Affiliated Committee, Joint F	undraising Rep	resentativ	e, or Leadership PAC Sponso	or
	Serve America Vi	ctory Fund				, I
						,
		20.5 2010				
	Mailing Address	PO Box 2013				
		Salem		MA	01970	
	Relationship:	CITY ▲		STATE A	ZIP CODE ▲	
	Connected	d Organization Affiliated Committee	Joint Fundraising	Represent	ative Leadership PAC Spo	nsor
8.	Designated Agent: Identify	y by name, address (phone number - optional	al)			
	Full Name					. 1
	Mailing Address					
	3					
	3					
	. J		I		1	
		CITY	<u> </u>	STATE A	ZIP CODE A	
	TITLE OR POSITION	CITY A			ZIP CODE A	
		CITY A	Telephone Nu		ZIP CODE A	
9.	TITLE OR POSITION		Telephone Nu	mber		
9.	TITLE OR POSITION	vries: List all banks or other depositories in w	Telephone Nu	mber		
9.	TITLE OR POSITION	vries: List all banks or other depositories in w	Telephone Nu	mber		
9.	TITLE OR POSITION Banks or Other Deposito safety deposit boxes or many Name of Bank,	vries: List all banks or other depositories in w	Telephone Nu	mber		
9.	Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	vries: List all banks or other depositories in w	Telephone Nu	mber		
9.	Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	vries: List all banks or other depositories in w	Telephone Nu	mber		

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Democracy Defe	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	re, or Leadership PAC Spon
Mailing Address	600 Pennsylvania Ave SE #15180		
	Washington	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		oint Fundraising Represent	tative Leadership PAC Sp
	y by name, address (phone number – optional)		tative Leadership PAC Sp
esignated Agent: Identif			tative Leadership PAC Sp
esignated Agent: Identif			tative Leadership PAC Sp
esignated Agent: Identif			tative Leadership PAC Sp
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esignated Agent: Identif	y by name, address (phone number – optional)		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Stand Up for Dem	Organization, Affiliated Committee, Joint Fundocracy JFA	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 5418		
	Takoma Park	MD	20913
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number - optional)		
Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mailane of Bank,	CITY A	Telephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY A	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mail Jame of Bank, Depository, etc.	CITY A	Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.	
A. FEC ID number NJ Dems Victory Fund Mailing Address 196 W State St CITY ▲ STATE ▲ Connected Organization Affiliated Committee Joint Fundraising Representa Esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ Telephone Number Telephone Number Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits afety deposit boxes or maintains funds. ame of Bank, epository, etc.	C
As the property of the propositories: List all banks or other depositories in which the committee deposits afety deposit boxes or maintains funds. FEC ID number FULL Name Affiliated Committee Joint Fundraising Representative Telephone Number Telephone Number	C
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative NJ Dems Victory Fund Mailing Address 196 W State St CITY A STATE A Connected Organization Affiliated Committee Joint Fundraising Representa esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY A STATE A Telephone Number Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits afety deposit boxes or maintains funds. ame of Bank, epository, etc.	
Mailing Address 196 W State St	C
Mailing Address 196 W State St	or Leadership PAC Spon
Trenton Relationship: CITY ▲ STATE ▲ Connected Organization Affiliated Committee Joint Fundraising Representa esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits afety deposit boxes or maintains funds. ame of Bank, epository, etc.	
Relationship: CITY ▲ STATE ▲ Connected Organization Affiliated Committee Joint Fundraising Representa esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits afety deposit boxes or maintains funds. ame of Bank, epository, etc.	
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Relationship: Connected Organization Affiliated Committee Joint Fundraising Representar esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY STATE TITLE OR POSITION CITY STATE Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits afety deposit boxes or maintains funds. ame of Bank, epository, etc.	
Connected Organization	08608
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TITLE OR POSITION ▼ CITY ▲ Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits afety deposit boxes or maintains funds. ame of Bank, epository, etc.	
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Mailing Address	ZIP CODE A